

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 750939

1. Entity Name
**CASA DEL MAR CONDOMINIUM ASSOCIATION OF
BREVARD, INC.**



Principal Place of Business
**7081&7091 RIDGEWOOD AVE.
CAPE CANAVERAL, FL 32920**

Mailing Address
**315 BUCHANAN AVE
#101
CAPE CANAVERAL, FL 32920 US**



01182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**NIELSEN, ALICE M
315 BUCHANAN AVE #101
CAPE CANAVERAL, FL 32920**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
NIELSEN, ALICE M
315 BUCHANAN AVE
CAPE CANAVERAL, FL 32920**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MATTESON, RANDE
10437 GREEN LINKS DRIVE
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
NIELSEN, ALICE
315 BUCHANAN AVE
CAPE CANAVERAL, FL 32920**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000399554
02/01/06-80017-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alice M. Nielsen **Alice M. Nielsen**

1-18-06

Date

321-709-1652

Daytime Phone #